

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588424

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21			1			
22						
23						
24						
25						
26						
27						
28						
29						
30						
31				10		
32				10		
33				10		
34				10		
35				10		
36				10		
37				10		
38				10		
39				10		
40				10		
41				10		
42				10		
43				1		
44				1		
45				1		
46				1		
47				1		
48				2		
49				2		
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	267	←		←
TOTAL CLAIMS			269			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52				2		
53				1		
54				1		
55				1		
56				1		
57				2		
58				2		
59				2		
60				2		
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						